

ALLERGY TESTING AND IMMUNOTHERAPY

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenen provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the [provider enrollment chart](#) for additional details on enrollment eligibility and supporting documentation requirement.

South Dakota Medicaid has a streamlined enrollment process for ordering, referring, and attending physicians that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Services may be billed by the following providers:

- Clinical nurse specialists;
- IHS/Tribal 638 facilities;
- Nurse practitioners;
- Physicians; and
- Physician assistants.

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's [online portal](#).

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to co-payments and deductibles on Medicare A and B covered services.
Medicaid – Pregnancy Related Coverage Only (77)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.
Unborn Children Prenatal Care Program (79)	Coverage restricted to pregnancy related services only including medical issues that can harm the life of the mother or baby.

Refer to the [Recipient Eligibility](#) manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the [General Coverage Principles](#) manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Allergy Testing and Immunotherapy Coverage

South Dakota Medicaid covers the following allergy testing (CPT codes 95004-95079) and immunotherapy services (CPT codes 95115-95117 and 95144-95199):

- Professional services to prepare raw antigen to a refined state that will become an allergenic extract;
- Professional services to administer the allergenic extract;
- Providing the injectable allergenic extract;
- Physician ordered allergen immunotherapy and services performed by the physician or qualified personnel under the direction of a physician;
- Professional services to monitor the recipient's injection site and observe for anaphylactic reaction; and
- Allergy testing when clinically significant symptoms exist and conservative therapy has failed.

An E/M code may only be billed on the same day as allergen immunotherapy when a significant, separately identifiable service is performed. This should be indicated when appropriate by appending Modifier 25 to the procedure code.

Coverage Limitations

Allergenic extracts may be administered with either one or multiple injections. Documentation in the medical record must support the number of injections administered.

Ingestion Challenge Testing

Report CPT code 95076 for the initial 120 minutes of ingestion challenge testing time. An E/M code should be billed if an ingestion challenge test is completed in less than 61 minutes. Add on CPT code 95079 may only be billed in conjunction with CPT code 95076 if the total duration was at least 2 hours and 31 minutes.

Preparation of raw antigen to allergenic extract

Preparation of raw antigen to allergenic extract is covered when a physician or other licensed practitioners performs the refinement of raw antigens to allergenic extract. This service involves:

- Sterile preparation of an allergenic extract by titration, filters, etc.; and

- Checking the integrity of the extract by cultures or other qualitative methods.

Neither purchasing refined antigens, measuring dosages nor adding diluent is considered "refining raw antigens."

Adding Diluent

As in any other medication administration, adding a diluent is not a separately covered service. This service is an integral part of the professional services for providing an allergenic extract.

Identifiable services not included in an office visit may be billed separately.

FQHC/RHCs

Allergy injections may be provided as incidental service as part of a covered encounter visit but are not separately billable if a covered encounter did not occur. Refer to the [FQHC/RHC](#) manual for additional guidance regarding FQHC/RHC services.

NON-COVERED SERVICES

General Non-Covered Services

Providers should refer to [ARSD 67:16:01:08](#) or the [General Coverage Principles](#) manual for a general list of services that are not covered by South Dakota Medicaid.

Non-Covered Allergy Services

South Dakota Medicaid does not cover allergy services that are considered experimental, investigational, or unproven. Allergen immunotherapy is not covered for the following antigens: newsprint, tobacco smoke, dandelion, orris root, phenol, formalin, alcohol, sugar, yeast, grain mill dust, goldenrod, pyrethrum, marigold, soybean dust, honeysuckle, wool, fiberglass, green tea, chalk and other antigens considered experimental, investigational, or unproven.

Allergen immunotherapy CPT codes 95120 through 95134 are not covered. Separate coding for injection only codes (95115 and 95117) and/or the codes representing antigens and their preparation (95144 through 95170) must be used. If both services are provided, both codes should be billed.

DOCUMENTATION REQUIREMENTS

General Requirements

Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the [Documentation and Record Keeping](#) manual for additional requirements.

REIMBURSEMENT AND CLAIM INSTRUCTIONS

Timely Filing

South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit

may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Third-Party Liability

Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort, meaning Medicaid only pays for a service if there are no other liable third-party payers. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing instructions when applicable. Providers should refer to the [General Claim Guidance](#) manual for additional information.

Reimbursement

A claim for physician services must be submitted at the provider's usual and customary charge. Payment for physician services is limited to the lesser of the provider's usual and customary charge or the fee contained on South Dakota Medicaid's [Physician Services](#) fee schedules. Covered procedures with no established fee are reimbursed at 40 percent of the provider's usual and customary charge.

Claim Instructions

Claims for professional services including inpatient and outpatient professional services must be submitted on a CMS 1500 claim form or 837P. Detailed claim form instructions are available on our [website](#).

DEFINITIONS

1. "Antigen," the raw form of pollen, (venom, stinging insect, etc.) prior to refinement for administration to humans.
2. "Allergenic Extract," the refined injectable form of antigen either commercially prepared or refined in the physician's office under his or her supervision.
3. "Immunotherapy," the parenteral administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy.

REFERENCES

- [Administrative Rule of South Dakota \(ARSD\)](#)
- [South Dakota Medicaid State Plan](#)
- [Code of Federal Regulations](#)